

ORIGINAL

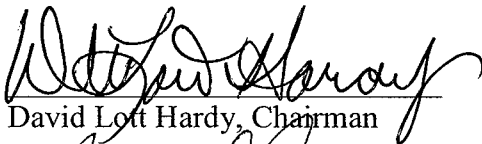
GENERAL ADMINISTRATIVE ORDER
OF THE INDIANA UTILITY REGULATORY COMMISSION
2006-3

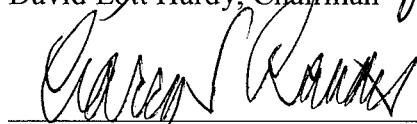
WHEREAS, Indiana Code § 8-1-32.4 *et seq.* establishes statutory requirements for Telecommunications Providers of Last Resort; and

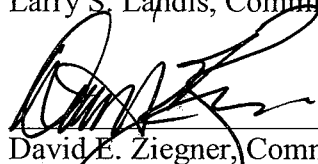
WHEREAS, Indiana Code § 8-1-32.4-12(a) requires a telecommunications provider holding a certificate of territorial authority for local exchange service in Indiana to provide at least sixty (60) days advance notice of its decision to cease serving all or part of its defined service area or its plans to file bankruptcy; and

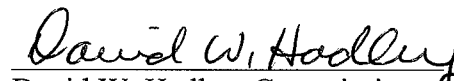
WHEREAS, Indiana Code § 8-1-32.4-12(b) requires the Indiana Utility Regulatory Commission to prescribe the form and manner of the notice to be provided;

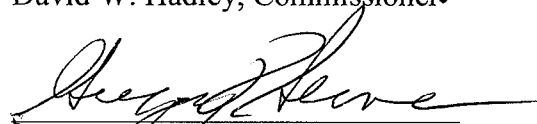
NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the Notice of Service Cessation and Relinquishment of Provider of Last Resort Obligations within the State of Indiana, along with Instructions, which are attached to the General Administrative Order as Appendix A, be adopted by this Commission.


David Loft Hardy, Chairman

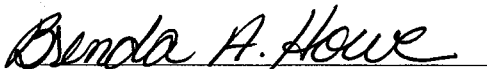

Larry S. Landis, Commissioner


David E. Ziegner, Commissioner


David W. Hadley, Commissioner


Gregory D. Server, Commissioner

I hereby certify that the above is a true and correct copy of the order as approved.


Acting Secretary to the Commission

JUN 14 2006

Date: _____

APPENDIX A

Necessary Forms and Formats for Telecommunications Providers of Last Resort Pursuant to Indiana Code § 8-1-32.4 *et seq.*

- A. Instructions for the Notice/Application Requirements for
Providers of Last Resort Ceasing the Provision of Service**

- B. Application and Notice of Service Cessation and
Relinquishment of Provider of Last Resort Obligations within
the State of Indiana**

INSTRUCTIONS FOR THE NOTICE/APPLICATION REQUIREMENTS FOR PROVIDERS OF LAST RESORT CEASING THE PROVISION OF SERVICE

Pursuant to Indiana Code 8-1-32.4-12, a provider that holds a Certificate of Territorial Authority (CTA) to provide local exchange service in Indiana may cease Provider of Last Resort (PoLR) obligations under the following circumstances, (1) if the provider decides to cease serving all or part of the provider's defined service area or (2) if the provider plans to file for bankruptcy.

Under Indiana Code 8-1-32.4-13, a minimum of 60 days prior to the proposed termination of Provider of Last Resort obligations, the Provider of Last Resort must complete a notice/application and file it with their Petition to the Commission. The application shall include the following information:

- A signed and notarized Affidavit certifying that a notice was sent to each affected customer listed and certifying the date and delivery of the notice (via certified mail)
- A copy of the notice sent, or proposed to be sent, to each type of affected customer that shall include the proposed date of service termination and/or the date by which customers must transfer to another carrier in order to have uninterrupted service. The notice shall further advise the customer to contact their long distance carrier (if applicable) to ensure that their long distance plan will be unchanged and shall also include a toll free customer service telephone number maintained by the carrier to facilitate the continuation of service and the transition of customers to other providers.
- A copy of the notice sent, or proposed to be sent, to the FCC pursuant to 47 U.S.C. 214;
- A map that provides sufficient exchange or other granular detail for the Commission's consideration. The affected service area must include a detailed description of any municipality(ies) and/or unincorporated area(s). *In order to fully describe the proposed area in which the provider elects to cease service, descriptions shall include the following: state line, county lines, municipalities/city limits, subdivisions, roadways, streets, blocks, street addresses, and metes and bounds.*

A provider shall file an original and five (5) paper copies of the aforementioned documents along with an electronic copy of the filed document in PDF format to the Commission at the following address:

Indiana Utility Regulatory Commission
Indiana Government Center South
302 West Washington Street, Suite E-306
Indianapolis, Indiana 46204

The IURC copy room shall assign a docket number upon receiving the Petition and the completed Notice/Application. Questions should be directed to the Telecommunications Division at (317) 232-2785.

INSTRUCTIONS FOR THE NOTICE/APPLICATION REQUIREMENTS FOR PROVIDERS OF LAST RESORT CEASING THE PROVISION OF SERVICE

Indiana Code 8-1-32.4-14 provides that a provider shall also submit notice to the Commission. However, this section applies to circumstances wherein there is not another provider that holds a CTA in the area or has facilities sufficient to provide basic telecommunications service in the area. In this instance, the Commission shall conduct a formal proceeding to determine the successor provider for the area.

In this circumstance, a provider shall file an original and five (5) paper copies of the notice/application along with an electronic copy of the filed document in PDF format to the Commission at the following address:

Indiana Utility Regulatory Commission
Indiana Government Center South
302 West Washington Street, Suite E-306
Indianapolis, Indiana 46204

The IURC copy room shall assign a docket number upon receiving the Petition and the completed Notice/Application. Questions should be directed to the Telecommunications Division at (317) 232-2785.

Indiana Code 8-1-32.4-15 applies if a facilities based provider has already ceased providing local exchange service to customers in the area or abandoned the operation of the carrier's facilities in the area that were used to provide local exchange service. In this instance, the Commission may, on its own motion or on the petition of an interested party, institute an expedited proceeding. The Commission may declare that an emergency exists and issue any order necessary, in accordance with IC 8-1-2-113, to protect the health, safety and welfare of affected customers and to expedite the restoration or continuation of local exchange service to the affected customers.

Providers should file five (5) paper copies of each form with supporting documentation and one unofficial electronic copy in PDF format on disk.

**APPLICATION AND NOTICE OF SERVICE CESSATION AND
RELINQUISHMENT OF PROVIDER OF LAST RESORT OBLIGATIONS
WITHIN THE STATE OF INDIANA**
(As addressed in I.C. 8-1-32.4)

Mark Type of Provider/Authority You are Relinquishing:

- ☐ ILEC under Alternative Regulation ☐ Rural ILEC or Coop
- ☐ CLEC- Facilities Based with ETC Designation

I. Contact Information

Legal Name of Company Name: _____

Name under which the company does business in Indiana:

Company Address: _____

Parent Company (if applicable): _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Contact Person: _____

Toll Free Customer Service Number (to facilitate the transition of customers to other providers)

II. Nature of Service Cessation

☐ Bankruptcy

Bankruptcy trustee:

Name: _____

Address: _____

Phone No: _____

Attorney Representing Provider:

Name: _____

Address: _____

Phone No: _____

☐ Withdrawal from or Selling Exchange(s) and Provider of Last Resort Obligations

Expected date of service cessation: _____

Has a discontinuance, reduction or impairment of service application pursuant to 47 CFR 63.61 or 63.71 been filed with the FCC? ☐ Yes ☐ No

a. If yes, please indicate the FCC Docket No. and date filed: _____

Type of discontinuance application: ☐ Dominant ☐ Non-dominant

b. If no, please explain why an application was not filed or does not apply.

III. Exchange Information

1. List Exchange(s), customer class¹ and corresponding rate group from which you are requesting service cessation (add additional sheets if necessary). Please include a street level map to identify the precise location(s) for which this request should be processed:

¹ Refers to Retail Residential and/or Business Customers and Wholesale Customers

2. Number of Customers affected in each Exchange (or part thereof):

3. How many Lifeline/LinkUp customers are affected in each Exchange (or part thereof):

4. Line Counts by Customer Class of affected customers in each Exchange (or part thereof):

5. Types of Services offered in each affected Exchange (or part thereof):

IV. Federal & State Support

1. Does your company receive Federal Universal Service Support? If so, please identify the specific type of support and the annual amount received (for example, Interstate Access Support, Interstate Common Line Support, Lifeline/LinkUp, etc.):

2. Does your company receive Indiana High Cost Support or Transitional DEM Weighting Funds? If so, please identify the amount received for each program:

V. Facilities

1. Type of facilities deployed by subject provider in each exchange proposed for cessation:

2. Will the subject facilities continue to be owned by the applicant or will they be offered for sale? Please explain (add additional sheets if necessary).

3. Are there other communications service providers operating in the exchanges for which you are seeking service cessation? If so, please identify each provider, where they are operating and type of facilities they operate or the method used to provide service (i.e. CMRS, facilities-based CLEC, etc.).

VI. Other Information

1. Please add additional relevant information that you believe the Commission should take under consideration regarding this application (add additional sheets if necessary).

AFFIDAVIT

As an authorized corporate officer of _____
(provider name), I, _____ (print name), under
penalty of perjury, hereby affirm familiarity with and understanding of the requirements
of IC 8-1-32.4 and attest to the accuracy of the information provided herein. I further
acknowledge that _____ (provider name) will be liable for all charges owed to other
providers and is responsible for any provider change charges and will maintain a
customer service telephone number to facilitate the continuation of service and the
transition of customers to other providers.

(Signature)

(Title)

(Date)

Subscribed and Sworn to before me this _____ day of _____, A.D. 20____

NOTARY PUBLIC

My Commission expires _____